



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144000119

CITY OR TOWN WESTFIELD

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ELM PIZZA,INC.

DOING BUSINESS AS

ADDRESS 34-38 NORTH ELM STREET

CITY/TOWN: WESTFIELD

STATE: MA

ZIP CODE: 01085

MANAGER: THEODORAKIS,NI TYPE OF LICENSE: Restaurant
CHOLAS

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS ON 1ST FLOOR OF BUILDING WITH STORAGE IN COOLER ON 1ST DLOOR,WITH FOUR
ENT/EXITS.

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 144000122

CITY OR TOWN WESTFIELD

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ROSANNE BONAVITA

DOING BUSINESS AS THE GRAPE CRUSHER

ADDRESS 20 SCHOOL STREET

CITY/TOWN: WESTFIELD

STATE: MA

ZIP CODE: 01085

MANAGER: BONAVITA,
ROSANNE

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ROOM ON FIRST FLOOR AND ONE ROOM ON FIRST FLOOR FOR STORAGE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)